

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 584 677

FILING DATE

6-27-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12	1					
13		1				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21		2				
22	1					
23		1				
24	1					
25		1				
26		1				
27		3				
28	1					
29			1			
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40			1			
41						
42						
43						
44						
45						
46						
47						
48						
49						
50			1			
TOTAL IND.	5	↓	1	↓		↓
TOTAL DEP.	27	←		←		←
TOTAL CLAIMS	32					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52				1		
53				1		
54				1		
55			1			
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97						
98						
99						
100						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	22	←		←
TOTAL CLAIMS			27			